

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005		404332000200
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	09/747,602	Filed December 22, 2000

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OCT 19 2005

For MULTI DIMENSIONAL RECURSIVE WAVEFRONT BEHAVIORAL SYNTHESIS

Art Unit	2161	Examiner	B. D. Goddard
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1590	\$795
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2160	\$1080
			\$ 1,080.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.84. Registration number if acting under 37 CFR 1.34 <u>31,506</u> <u>Stephen C. Durant</u> _____ Typed or printed name _____ <u>October 19, 2005</u> _____ Date _____ <u>(415) 268-6982</u> _____ Telephone Number _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile No. 571-273-8300, on the date shown below.

Dated: October 19, 2005

Signature: Todd V. Leone

Todd V. Leone